

**Backflow Prevention Assembly Tester
Training Course Notification**
Iowa Department of Public Health
321 E 12th Street
Des Moines, Iowa 50319-0075

Course Sponsor	Course Dates
Contact Person	Course Location (Street Address and City)
Address	Maximum Number of Students
City State Zip Code	Official Use Only Date Received
Telephone E-mail address (optional)	Fee Submitted
Lead Instructor	Course Number

The course sponsor must notify the department at least 15 days before the course is scheduled to begin. A \$50 fee must be included with the application.

588-2830

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